



## EDUCATION and WORKFORCE DEVELOPMENT CABINET

Matthew G. Bevin  
Governor

GOVERNOR'S SCHOLARS PROGRAM  
1024 Capital Center Drive, Suite 210  
Frankfort, Kentucky 40601  
Phone: (502) 573-1618  
Fax: (502) 305-6880  
gsp.ky.gov

Derrick K. Ramsey  
Secretary

Aristófanés Cedeño  
Executive Director

### MEMORANDUM

**TO:** 2019 Governor's Scholars and  
Parent(s)/Legal Guardian(s)

**FROM:** Aristófanés Cedeño, Executive Director

**DATE:** April 12, 2019

**RE:** More Details about GSP

We are delighted to welcome you to the 2019 Governor's Scholars Program and look forward to meeting you in June.

Enclosed is a copy of the Important Dates so that you will have a handy reminder of opening and closing days and deadlines for returning information to us.

All board, room, tuition and field trip expenses for your stay will be covered by the Governor's Scholars Program (GSP), but you will need some money for such expenses as snacks and personal items. The amount of spending money varies widely among students, and we would suggest that you might want to discuss this with several GSP alumni before settling on an amount, if this is feasible. If you need to obtain more cash during the program, ATMs are available on all three campuses.

#### Documents to be returned

There are several documents you will need to return to us with signatures as soon as possible but no later than May 1<sup>st</sup>. Please print the requested information with pen or type it clearly (forms will be copied) and return all correspondence to: **Governor's Scholars Program, 1024 Capital Center Drive, Suite 210, Frankfort, KY 40601.**

The enclosed **documents to be returned** are:

1. Medical Information Form with a copy of your **health insurance card (front and back)** and copy of your **current Commonwealth of Kentucky Immunization Certificate. (Expiration date should not be before July 1, 2019)**



2. Learning Contract
3. \$37.00 damage deposit (check/money order made payable to "GSP" with a self-addressed \$0.55 stamped envelope). Deposits will **NOT** be returned if a self-addressed \$0.55 stamped envelope is not provided.
4. Permission and Release Form
5. Legislative Information Form
6. Personal Information Form

### **Campus Information**

On or before May 20<sup>th</sup> we will send you a schedule for Opening Day, including the time you should plan to arrive on the campus to which you will be assigned. Once you receive that information, you will need to make plans with your parents or guardians for transportation. We hope that they will be able to accompany you because we are planning a specific Opening Day meeting for them, as well as for you.

### **Session Request**

As a general rule, specific campus requests will not be honored. However, if you face truly extenuating circumstances, you may request one session over another because of a conflict in dates. The enclosed Session Request Form **and supporting documentation must be received** by May 1<sup>st</sup>. Please understand that requesting a session will affect your class choices. Not all classes are offered on all GSP campuses. A committee will review your request and determine its validity. Keep in mind that not all requests will be granted: requesting a session **does not** guarantee that you will be assigned to that session.

### **Learning Contract**

All documents must be received by May 1<sup>st</sup>. If we do not receive a signed Learning Contract from you by that date, we will assume you are not planning to attend and will remove your name as a 2019 Scholar. By signing the Learning Contract, you have agreed to remain on campus for the full five weeks and, once on campus, not to request a leave of absence (except for emergencies).

If you find you are unable to attend, please sign the Notice of Non-Attendance Form and return it to us as soon as possible. Please complete the section regarding the reason for declining your acceptance. Many alternates do not make other plans until they learn whether or not there may be room for them in the Governor's Scholars Program.

### **Donate Your Deposit**

If you prefer to donate any unused portion of your \$37.00 damage deposit to the Governor's Scholars Program as a tax-deductible gift, please indicate your intention by completing the requested information at the bottom of the Learning Contract page. Your donation will be credited by August 15, 2019 and, at that time, you will receive an official acknowledgement of contribution for your tax preparation purposes. If you choose to donate any unused portion of your damage deposit, you will **not** need to provide a self-addressed stamped envelope.

### **Contact Information**

Should you or your family have questions or problems you need to discuss with us, please call our central office at 502-573-1618. For additional information, you may also visit our website at [gsp.ky.gov](http://gsp.ky.gov). We look forward to meeting you and your family, and we know that it will be an exciting five weeks for you in the Governor's Scholars Program this summer.

## **2019 Governor's Scholars Program Important Dates**

- May 1** Last day for students to accept or decline their appointments. Those accepting must return signed contracts to the Governor's Scholars Program by this date. Those declining must return the enclosed "Notice of Non-Attendance" form by this date.
- May 1** Last day for Scholars to request a specific session because they have major scheduling conflicts. Requests for campus assignment will not be considered after this date except in case of extreme emergencies. All requests must be submitted with supporting documentation to be considered.
- Campuses are staggered to allow scholars to participate in other major events before or after they attend the program. Leaves of absence are only granted for emergencies and must be approved by the Campus Director. Students are expected to arrive on the campus to which they are assigned on Opening Day, not thereafter, and to stay the full five weeks.
- May 20** Latest date for Governor's Scholars Program to mail notifications to Scholars of campus and Focus Area assignments.

### **Session I**

**June 16** Opening Day  
**June 30** Family Day  
**July 20** Closing Day

### **Session II**

**June 22** Opening Day  
**July 6** Family Day  
**July 26** Closing Day

### **Session III**

**June 23** Opening Day  
**July 7** Family Day  
**July 27** Closing Day



**2019 Governor's Scholars Program  
Document Return Checklist**

**ALL documents must be received in the Governor's Scholars Program office by May 1<sup>st</sup>:**

- ☐ **Medical Form**
- ☐ **Front and back photocopy of your insurance card**
- ☐ **Current Commonwealth of Kentucky Immunization Certificate - Be sure that the expiration date on the certificate is NOT before July 1, 2019.**
- ☐ **Signed Learning Contract**
- ☐ **\$37.00 damage deposit - Please make your check payable to "GSP".**
- ☐ **Self-addressed stamped return envelope - *Be sure to include \$0.55 postage or a Forever Stamp on the envelope. You do NOT need to provide this envelope if you have chosen to donate unused funds from your damage deposit to the GSP and indicated that desire at the bottom of the Learning Contract form.***
- ☐ **Permission and Release Form**
- ☐ **Legislative Information Form**
- ☐ **Personal Information Form**

**\*\* You will only be contacted by our office should we have questions regarding missing/incorrect documentation. If you do not hear from us, all documents were received and correct.**

**Please return the following ONLY if needed.**

- ☐ **Session Request with supporting documentation**
- ☐ **Notice of Non-Attendance**

*Return all correspondence to:*

**Governor's Scholars Program  
1024 Capital Center Drive, Suite 210  
Frankfort, KY 40601**

## 2019 Governor's Scholars Program

### Medical Form

Please print with pen or type clearly. This will be copied.

Student Name \_\_\_\_\_  
Last First Middle

Date of Birth: \_\_\_\_\_ Social Security No.: \_\_\_\_\_

#### MEDICAL INSURANCE

This information is required in case of emergency or illness.

\_\_\_\_\_ I do have insurance. \_\_\_\_\_ I do not have insurance.

**Attach a copy of your insurance card (FRONT AND BACK) to be used in case medical treatment is required. Be sure to designate your child's name on the copy. If you do not have an insurance card, please submit: 1) Insurance Company Name; 2) Address; 3) Policy and Group Number; and 4) Subscriber and Child's Name.**

#### MEDICAL INFORMATION CONCERNING THE STUDENT

Allergies: \_\_\_\_\_

Will student require shots? Yes \_\_\_\_ No \_\_\_\_ If yes, how often? \_\_\_\_\_

Current medication: \_\_\_\_\_

Special diet information: \_\_\_\_\_

If you will require an assistant for a significant medical need, please inform our office immediately. Please also list medical information or history you think would be of use to GSP. (You may attach an additional sheet, if necessary.) \_\_\_\_\_

List two people to be notified in case of emergency. One should be a parent or legal guardian.

1. \_\_\_\_\_ 2. \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Primary Phone: \_\_\_\_\_

Secondary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

#### Parent/Guardian Permit

This provides parent/guardian permission for medical examination and treatment in an approved and authorized hospital, physician's office, or other medical facility.

The following consent form should be signed by the parent or legal guardian of the student, so that appropriate diagnosis and treatment may be carried out, and so that no unnecessary delays will occur with emergency procedures, including operational procedures. No operations will be performed, except in an emergency, without parent or legal guardian's being contacted and fully informed.

I give my permission for \_\_\_\_\_ to receive necessary medical treatment at an authorized hospital, medical facility, or office by appropriate medical professionals.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

## 2019 Governor's Scholars Program LEARNING CONTRACT

I, the undersigned, accept appointment to the 2019 Governor's Scholars Program.

I agree to abide by the regulations set forth by the host campus as well as those established for the Governor's Scholars at the campus to which I am assigned (as published in the campus handbook). I will remain in the program from Opening Day until Closing Day, unless special leave is granted for such causes as illness or emergency. I will participate fully in class daily for the entire term, from opening day until the final day.

The Governor's Scholars Program agrees to provide room, board, instruction and most recreational opportunities at no charge to the undersigned student while the program is in session.

I understand that failure to fulfill the terms of this contract, including any violation of the "non-negotiable" rules, may result in my being dismissed from the program.

I understand that I will be liable for the total cost of any damages to property and/or the loss of any university items (keys, library books, etc.). I agree to remit a \$37.00 damage deposit to the Governor's Scholars Program that will be reimbursed no later than August 15, 2019, if no charges are owed. (Please include a check or money order. A stamped self-addressed envelope is required or deposit will not be returned.)

\_\_\_\_\_  
Student Name (please print)

\_\_\_\_\_  
Parent/Guardian Name (please print)

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

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If you prefer to donate any unused portion of your \$37.00 damage deposit to the Governor's Scholars Program as a tax-deductible gift, please indicate your intention by signing below. Your donation will be credited by August 15, 2019 and, at that time, you will receive an official acknowledgement of contribution for your tax preparation purposes.

**I would like to donate any unused portion of my \$37.00 damage deposit to the Governor's Scholars Program as a tax-deductible gift.**

\_\_\_\_\_  
Donor Name

\_\_\_\_\_  
Donor Signature

*Donor name must match account holder name on the \$37.00 deposit check or money order.*



**2019 Governor's Scholars Program  
Permission and Release Form**

A) I hereby grant permission for

\_\_\_\_\_  
(Student's Name)

to participate in all activities of the 2019 Governor's Scholars Program, to be interviewed and/or photographed by media representatives, and to be listed or written about in news and publicity releases, as well as in fundraising and other external materials. I also hereby grant permission for the Governor's Scholars Program to provide transportation for field trips and other activities, to use sections from my application as examples, and to provide responses to questionnaires designed to provide data for Program evaluation and for professional and academic research. (All evaluation and research information will be fully protected as confidential material and reported in summary/statistical form only.) I also hereby authorize the Governor's Scholars Program to collect college enrollment information and scholarships received after attending the Program.

Signed:

\_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_  
Student

B) Many of Kentucky's colleges and universities provide scholarships for students who complete the Governor's Scholars Program and meet the eligibility requirements set by the Kentucky colleges and universities. ([gsp.ky.gov/applicants/Pages/Scholarships.aspx](http://gsp.ky.gov/applicants/Pages/Scholarships.aspx)) In order to verify eligibility, they require the Social Security Number (SSN) of the scholar. Please note that providing your SSN is optional, **but strongly recommended**.

This authorization includes permission for the Governor's Scholars Program to release my name, address, and SSN to Kentucky college and university officials for purposes of recruitment and merit-based financial aid. (If this is not signed, your information will **NOT** be released to any college or university and, as a consequence, you may not be eligible for these scholarships. The Governor's Scholars Program will not, under any circumstance, sell your personal information.)

\_\_\_\_\_  
Student's Social Security Number

Signed:

\_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_  
Student

**2019 Governor's Scholars Program  
Legislative Information Form**

Governor's Scholar's Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

County of Residence: \_\_\_\_\_

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**The following website may help you find the information requested below:**

[lrc.ky.gov](http://lrc.ky.gov)

My **State** Representative's name is: \_\_\_\_\_

*(Please do not list Representatives at the federal level.)*

District Number represented is \_\_\_\_\_. (Number should be between 1 and 100.)

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My **State** Senator's name is: \_\_\_\_\_

*(Please do not list Senators at the federal level.)*

District Number represented is \_\_\_\_\_. (Number should be between 1 and 38.)



**2019 Governor's Scholars Program**  
**Personal Information Form**

Please provide the following information to help us plan for the summer Program.

**Scholar On-Campus Contact Information**

*This information will be used for GSP purposes and emergency procedures only.*

Scholar Name: \_\_\_\_\_

Scholar E-mail Address: \_\_\_\_\_

Scholar Cell Phone Number: (\_\_\_\_\_) \_\_\_\_\_

*If the scholar will be bringing a cell phone to campus, please provide that number.  
It will be used as an additional form of contact in case of emergency.*

**Scholar T-Shirt Information**

*All scholars will receive a GSP t-shirt on Opening Day.*

Scholar T-Shirt Size (circle one):     S       M       L       XL       2XL       3XL

**GSP Legacy Information**

Have you had any immediate relatives attend the Governor's Scholars Program?

If so, please list their name(s), year(s) attended and relationship(s) to you.

*This information will be used for statistical purposes only.*

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## 2019 Governor's Scholars Program Session Request

**Complete only if you are requesting a specific session due to extenuating circumstances. Only valid requests will be considered. They are subject to approval by the committee.**

Session requests are honored for reasons that are truly extenuating. The following reasons are not considered unique: conventions, conferences, camps, workshops, competitions, pageants, family vacations/reunions, or college preferences.

Leaves of absence are not permitted during the five-week session. Scholars will not be excused to attend concurrently scheduled programs such as the ones mentioned above. The Governor's Scholars Program considers it unethical and unfair to other participants for a scholar to accept a nomination knowing in advance that permission will be sought at a later date to be absent during the program. **Please note that requesting a specific session may affect your class choices. Not all subjects are offered on all campuses.**

**Please provide your most reliable contact information in the instance the committee needs to speak with you.**

Student Name:

Phone:

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High School:

E-Mail:

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**Because of the reason stated below, I am requesting to be assigned to a session that does not present a time conflict.**

For your information:

SESSION 1: Scholars arrive Sunday, June 16; Scholars depart Saturday, July 20 by noon

SESSION 2: Scholars arrive Saturday, June 22; Scholars depart Friday, July 26 by noon

SESSION 3: Scholars arrive Sunday, June 23; Scholars depart Saturday, July 27 by noon

**A detailed explanation and a letter of verification from an official or head of organization, including dates, is required.** Travel must have been pre-paid by April 11, 2019 to be considered. A copy of confirmation of airfare, hotel reservations, etc. is required. Please describe your reason below and attach supporting documentation.

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**Must be received by May 1<sup>st</sup> to:**

**Governor's Scholars Program  
1024 Capital Center Drive, Suite 210  
Frankfort, KY 40601**

**\*\* Unless you hear from our office, your request has been approved \*\***

## 2019 Governor's Scholars Program

### NOTICE OF NON-ATTENDANCE

I will not attend the 2019 Governor's Scholars Program.

\_\_\_\_\_  
Student Name (please print)

\_\_\_\_\_  
School District

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
High School Name

\_\_\_\_\_  
Counselor's Name

For statistical purposes, please briefly share with us your reason for not accepting:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



## 2019 Governor's Scholars Program

### What to Bring – Suggested List of Items

1. Clothes for classes: casual, comfortable summer clothes, such as jeans, shorts, skirts, T-shirts, blouses, sport shirts; a skirt or long pants may be necessary for some field trips. Clothing should be neat, comfortable, and modest. Avoid clothing that reveals midriffs, backs, or undergarments, shorts that are too short, and low-cut tops. Shoes and shirts must be worn at all times.
2. Raincoat and/or umbrella; hiking clothes and shoes for some field trips (be sure to include a long-sleeved shirt).
3. Dress clothes for religious services, if planning to attend, and such special events as final dinner (i.e., dress shirts, slacks, skirts, and/or dresses).
4. Sleepwear/robe/shower shoes: bathrooms will be shared with other scholars.
5. Athletic equipment and clothes: for example-tennis racket, running shoes, racquetball/handball equipment, swimsuit, baseball/softball glove.
6. Reusable water bottle.
7. Personal toiletries: toothbrush and toothpaste, soap and soap dish, toilet paper, shaving equipment, shampoo, deodorant; a minimum of 2 bath towels and a washcloth (four or more would make laundry easier); a bathmat, if desired.
8. Bed linens: 2 twin sheets (extra long) and 2 pillow cases (doubling would make laundry easier). Each room has extra-long twin size beds. In addition, you will need a pillow, a blanket and, if you want one, a bedspread.
9. Small amount of personal silverware, if you plan to eat snacks in the residence hall.
10. Hangers for your clothes; laundry bag and laundry detergent.
11. Musical instruments, if you plan to practice or perform. Pianos will be available.
12. **Cell phones will be permitted in dorm rooms only.**
13. Spending money: this need not be much; you will need personal funds for such items as snacks and personal items. Scholars' spending varies—you may want to check with several alumni.
14. Alarm clock and/or wristwatch. Students should not plan to use cell phones to determine time.
15. Camera, video recorder, and things to read during spare time. Students should not plan to use their cell phones as cameras.

Each student will have a private closet in her/his room. While we don't anticipate that there will be any real problem with theft, in a large community living situation such as ours, things may disappear. We would discourage students from bringing anything valuable (jewelry, large amounts of cash, expensive stereo equipment, etc.) with them this summer. The Governor's Scholars Program can assume no liability for loss or damage of personal items.

TV SETS, PERSONAL COMPUTERS, PERSONAL DVD PLAYERS, TABLETS and E-READERS ARE NOT ALLOWED. DO NOT BRING THEM! iPods and other personal MP3 players will be permitted in dorm rooms only.

Possession or use of alcohol, drugs, (including drug paraphernalia) firearms, or motorized vehicles is prohibited. This prohibition will be strictly enforced. Violators will be dismissed.

#### **Note to Parents and Guardians:**

Please keep in mind that there will be a Family Day at the end of your scholar's second week on campus. This is an excellent time to replenish scholars' stocks of snack food, spending money, clothing, toiletries, or any items that may have initially been forgotten. Scholars may also receive items by mail throughout the Program. As a result, it is not necessary to bring supplies for the entire five weeks on Opening Day.